Editorial

Norman Goldstein MD

National Diabetes Awareness Month

Diabetes mellitus has been the subject of several manuscripts in the Hawaii Medical Journal in recent years.[1-3] Many physicians and their patients are, however, not aware of the many educational classes and screening programs available throughout the year and throughout the state, but especially this month.

Thanks to the **Hawaii Diabetes Awareness Coalition**, this information is being distributed in physicians' offices, hospital clinics, pharmacies, and even in supermarkets.

Professional conferences, public awareness programs and clinics are being emphasized this month, Diabetes Awareness Month.

A new brochure with dates and locations of these programs and clinics will be soon available. For supply of the Statewide Calendar of Events, contact the Hawaii State Diabetes Control Program at 587-3900, fax 587-3911, or a member of the coalition.

We will publish still another manuscript on diabetes by Richard Arakaki, MD soon. Because of production schedules, we were not able to publish it in this Diabetes Awareness Month, but do look for it in the January 1997 issue.

References

1. Cheung, A.H.S., Limm, W.M.L., Wong, L.L. Pancreatic transplantation for diabetic patients in Hawaii. Vol 53, Mar '90-'93, 1994.
2. Arakaki, R. et al: Diabetes mellitus and heart disease risk factors in Hawaiians. Vol 53, December 340-343, 364. 1994.
3. Williamson, B. My Guardian Angel. Vol 54, June; 575-576. 1995.

Hawaii Diabetes Awareness Coalition — *Coalition Members*

- *American Diabetes Association, Hawaii Affiliate, Inc.*
- *Bayer Diagnostic Division*
- *Bristol Myers*
- *Castle Medical Center*
- *City Pharmacy*
- *Diabetes Treatment Clinic - David Fitz-Patrick, MD, FACP*
- *Hawaii Association of Diabetes Educators*
- *Hawaii Pharmaceutical Association*
- *Hawaii Medical Services Association*
- *Joslin Center for Diabetes at Straub*
- *Juvenile Diabetes Foundation, Hawaii Chapter*
- *Kalihi-Palama Health Center*
- *Ke Ola Mamo*
- *Kohala Home Health Care*
- *Kuakini Health System*
- *National Kidney Foundation*
- *Office of Hawaiian Affairs*
- *Papa Ola Lokahi*
- *The Queen's Medical Center-Health Education & Wellness*
- *The Queen's Health Systems*
- *Times Supermarket*

Letters to the Editor

On behalf of the Domestic Violence Task Force, we would like to express our great pleasure and appreciation of your recent issue on domestic violence (September 1996, Volume 55, No. 9). The problems of domestic violence continue to plague our communities, and we are always in need of the public's understanding and support to combat this insidious crime against society. The medical community plays a crucial role in helping us to recognize and remedy this situation, where the victim and families may be especially reluctant to acknowledge the abuse.

Your articles on family violence are informative, instructional, and courageous. Acknowledgment of professional responsibility represents a step so many are hesitant to take. That your issue offers both support and resources for those working with the victims of violence is commendable and deserving of widespread community notice. We would especially want to recognize Dr Florence Chinn, who is also a member of this subcommittee, for her hard work on putting together this issue.

Be assured that the impact of this special edition of the *Hawaii Medical Journal* will go beyond informing your medical community about domestic violence: it can result in saving lives of battered victims and start to address a pressing social and criminal issue.

As we strive toward the reduction of domestic violence in our community, it is good to know that we have such strong support from our friends at the *Hawaii Medical Journal.*

Tony Wong
Public Education and Awareness Subcommittee
Domestic Violence Task Force

Letter from the Editor—to the President

President Bill Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20050
E-mail: President@WhiteHouse.GOV

Dear Mr President:

Your Director of Legislative Affairs, John Hillary, was quoted in a letter read at the House Judiciary Subcommittee hearing on Physician-Assisted Suicide as saying that, "The President has clearly expressed his personal opposition to Assisted Suicide, and remains of that view."

Mr President, more than 75% of Americans, overall, believe it should be legal for a doctor to help end a terminal patient's life if the patient and family want it. Most Americans see this issue as one of personal choice, like abortion, a right you have supported.

The purpose of the April 29 hearing was to focus a political attack on the power of the courts to invalidate law inconsistent with the Constitution. That wonderful document provides for change based upon judicial interpretation. Social reality says that medical techniques and drugs, better than ever, can indefinitely sustain life, even when life has become untenable to patients and families.

We request only that you study this matter and refrain from commenting upon Death with Dignity until you have the entire picture, the opinions of religious leaders withstanding. We are a

major social movement in the United States, and the fact that public opinion in most other countries also show a 70%+ favorable attitude to our cause indicates this is a human problem that should not be lightly considered.

Norman Goldstein MD, FACP
Clinical Professor, Medicine
John A. Burns School of Medicine, University of Hawaii

Reply from the President—to the Editor

Dear Norman:

Thank you for sharing your views. I am glad that you took the time to write and tell me where you stand. Knowing your thoughts and ideas about the issues facing our nation is very important to me.

I believe this Administration has made a great deal of progress since I took office over three-and-a-half years ago. I am proud of what we have done to reduce the deficit, expand our economy, improve educational opportunities, and empower hardworking Americans to make the most of their own lives. As we work to build on these accomplishments and to ensure peace and security at home and abroad, I hope you will remain involved.

Sincerely,

Bill Clinton

Comment from the Editor:
What a classic example of a "generic letter!"
Be sure to look for our December Special Issue on Death with Dignity.
Norman Goldstein, MD, editor.

HMA President's Message

John S. Spangler MD

Thanksgiving is a time for everyone to reflect on the events of this past year. We all have a great responsibility to continue a positive attitude about medical practice. During this last year many physicians have been under a great deal of anxiety and stress from the changing ways of the practice of medicine.

We all need to remember the sacrifices many people have done for us during our training and our post graduate training. Maintaining a stable and happy mental state with all the complex surrounding environment takes a very positive attitude.

With the coming year we hope all physicians could organize as one group to allow positive progress with the management of medicine. Let's hope all of us will be thankful for all we have and work towards patient care.

Military Medicine

Preparation of the injured patient for aeromedical evacuation: Environment and Physiology

Benjamin W. Berg, LTC, MC, USA

Aeromedical evacuation of the injured battlefield soldier has become the primary method of transport for battlefield military casualties since the Korean conflict. The lessons learned in armed conflict have been adapted by civilian evacuation and transport teams. Helicopter evacuation has become a central feature of successful trauma management systems throughout the world. In Hawaii transport for definitive care of patients at U.S. mainland facilities requires transport by fixed wing pressurized aircraft. The U.S. Army provides helicopter Medevac capability for the island of Oahu.

Knowledge of physiologic and environmental factors in the aviation environment is essential to the preparation of the patient for safe evacuation to definitive treatment facilities. The acromedical environment affords virtually no opportunity for assessment or therapy en-route, so stabilization prior to transport is critical. Physical stabilization of fractures and other injuries, and physiologic stabilization are ideally accomplished prior to evacuation. If stabilization is not possible expedient transport may be the only available option. A brief description of some primary factors influencing safety and preparation of the patient for air evacuation follows:

Environmental Factors

Rotary Wing Evacuation - Noise, Vibration and altitude factors.
Fixed Wing Evacuation - Hypobaric, hypoxic, low humidity and long duration of transport.
Temperature, humidity, and altitude all contribute to the safety profile of a medical evacuation. Interactions with specific injuries, such as burns, inhalation, and penetrating trauma can be anticipated and adverse effects minimized by careful planning and preparation.

Physiology

Barometric pressure changes which occur are of paramount importance in the safe evacuation of patients with chest tubes, penetrating thoracic trauma, or trapped gas. All chest tubes should be vented to the ambient air, and all intrathoracic air should be evacuated prior to transport. Trapped gas expansion phenomena in any body cavity can be clinically important. Sinus injuries, maxillofacial trauma, and pulmonary injury with air trapping afford opportunities for expansion of air under hypobaric conditions during evacuation. Preparation for management or prophylactic management prior to transportation is advised when adequate time and capability exist.

Relative hypoxemia is invariably present during air evacuation due to decreased PiO_2 in pressurized aircraft cabins, and during flights at altitude in non-pressurized aircraft. The magnitude of the physiologic effect can be determined by estimation of the resulting arterial PaO_2. Pulse oximetry during evacuation may allow adequate estimation of responses to oxygen therapy. Maintenance of oxygen delivery to critical organ beds is accomplished by transfusion and maintenance of oxyhemoglobin saturation of greater than 90%.